EQUIPMENT

All campers are to wear T-shirts and shorts and football cleats, if they have them. No helmets or pads will be worn at camp. Please bring your own water to drink during breaks. The U-High Football Youth Camp takes no responsibility for lost or stolen personal items.

REGISTRATION

Preregistration camp fee of $25.00 per camper will be accepted through June 10th. Register in advance by completing the camp registration form and returning with payment. After June 10th, late registration camp fee of $35.00 will be accepted through the beginning of camp. If you have any questions or concerns about the camp, please contact Coach Olson.

Please make checks payable to U-High Football Camp.

Mail to: U-High Football Youth Camp
        University High School
        500 West Gregory Street
        Normal, IL 61790-7100

2005

U-HIGH FOOTBALL

YOUTH CAMP

June 20 – 21
5:45 – 8:00 p.m.
CAMP DIRECTOR

Kurt Olson
U-High Football Coach
Athletics: (309) 438-7373

CAMP FEATURES

♦ Camp T-shirt and Football
♦ Fundamental Skills Development
♦ 7 on 7 Games
♦ Skills Competition
♦ Refreshments afterwards

AREAS OF INSTRUCTION

♦ Individual football skills and drills
♦ Offense and Defense
♦ Special Teams

CAMP DATES & TIMES

Monday, June 20th – Tuesday, June 21st

5:45 – 8:00 p.m.

LOCATION

Camp will be on the ISU turf at Hancock Stadium. Please drop children off in the U-High large gym and pick them up at Hancock Stadium. Camp still will be held indoors in case of inclement weather.

ELIGIBILITY

The camp is open to all students entering 3rd – 8th grades that want to improve their football skills and knowledge of the game.

2005 U-High Football Youth Camp Registration Form

Name__________________________________Grade Next Fall_____________Ht.________Wt.________
Address________________________________Offensive Position_________Defensive Position_________
________________________________Parent Names____________________________________
Home/Work/Cell Phone____________________________Shirt Size YL       AS       AM       AL
Participation in camp is dependent upon agreement to the following conditions:

♦ I authorize the Directors of the U-High Football Youth Camp to administer first aid in case of emergency.
♦ We have adequate insurance protection to cover treatment of injuries while our son is participating in camp.
♦ My son is physically fit according to our family physician.

Detach and return, with payment, to:

U-High Football Youth Camp
Parent or Guardian Signature_______________________________Date___________
University High School
500 West Gregory Street
Normal, IL 61790-7100

Please make checks payable to "U-High Football Camp"